



## City of Galesburg

Operating Under Council – Manager Government Since 1957

### Application for Employment

ANSWER ALL QUESTIONS COMPLETELY. **Please Print – Do Not Type. Use blue or black ink.** If hired, this application becomes a permanent record. The City of Galesburg is an equal opportunity employer who guarantees compliance to all applicable Federal and State laws. Every applicant for employment and employee has the right to equal consideration without regard to race, color, religion, national origin, sex, age, marital status, disability, or veteran status.

Position Applying For: **FIREFIGHTER**

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone Number(s): (\_\_\_\_) \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

**Present Address** \_\_\_\_\_  
Street City State Zip Code

**Social Security Number:**

**Previous Address** \_\_\_\_\_  
Street City State Zip Code

**How Long at Present Address?** \_\_\_\_\_

**How Long at Previous Address?** \_\_\_\_\_

**E-Mail Address** (please print clearly): \_\_\_\_\_

**Have You Been Employed with Us Before?** \_\_\_ No \_\_\_ Yes Give Date(s) \_\_\_\_\_

**Do You Have Any Relatives Working for Us?**

\_\_\_ No \_\_\_ Yes (If “yes” give name and relationship) \_\_\_\_\_

**Are You Currently Employed?** \_\_\_ No \_\_\_ Yes

**May We Contact Your Present Employer?** \_\_\_ No \_\_\_ Yes

**Date You Can Start to Work?** \_\_\_\_\_ **Available For:** \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Temporary

**Are You Currently on “Lay Off” Status and Subject to Recall?** \_\_\_ No \_\_\_ Yes

(Give Company Name and Expected Recall Date) \_\_\_\_\_

**Have You Been Convicted of a Felony?** (Applicant is not obligated to disclose sealed or expunged records of conviction)

\_\_\_ No \_\_\_ Yes (If “yes” explain) \_\_\_\_\_

**Are You a Veteran of the U.S. Military Service?**

\_\_\_ No \_\_\_ Yes ( If “yes” explain) \_\_\_\_\_

## EDUCATION

Schools	Print Name, City, State, & Zip Code for Each School Listing	Dates (Mo/Yr)	Type Course or Major	Graduated?
High School	_____	From _____ To _____	_____	Yes ____ No ____
College	_____	From _____ To _____	_____	Yes ____ No ____
	_____	Degree _____		
Graduate School	_____	From _____ To _____	_____	Yes ____ No ____
	_____	Degree _____		
Trade, Business, Night, or Correspondence	_____	From _____ To _____	_____	Yes ____ No ____
	_____	Degree _____		
Other	_____	From _____ To _____	_____	Yes ____ No ____
	_____	Degree _____		

Describe Any Specialized Training, Apprenticeship, Skills, and Extracurricular Activities:

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Describe Any Honors You Have Received:

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State Any Additional Information You Feel May be Helpful to Us in Considering Your Application:

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List Professional, Trade, Business or Civic Activities and Offices Held (You May Exclude Memberships Which Would Reveal Sex, Race, Religion, National Origin, Age, Ancestry, Handicap or Other Protected Status):

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**EMPLOYMENT HISTORY** (Start With Your Present or Last Job)

Dates	Name & Address of Employer	Hourly Rate/Salary	Work Performed
From _____	_____	Starting _____	_____
To _____	_____	Final _____	_____
	_____	Employer Telephone _____	
Job Title _____		Supervisor _____	
Reason for Leaving _____			

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Dates	Name & Address of Employer	Hourly Rate/Salary	Work Performed
From _____	_____	Starting _____	_____
To _____	_____	Final _____	_____
	_____	Employer Telephone _____	
Job Title _____		Supervisor _____	
Reason for Leaving _____			

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	_____	Employer Telephone _____	
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Reason for Leaving _____			

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Dates	Name & Address of Employer	Hourly Rate/Salary	Work Performed
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To _____	_____	Final _____	_____
	_____	Employer Telephone _____	
Job Title _____		Supervisor _____	
Reason for Leaving _____			

**Special Skills and Qualifications** (Summarize Special Skills and Qualifications Acquired from Employment or Other Experiences.)

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**REFERENCES** (Give Three References Who Are Not Related to You and Are Not Previous Employers)

Name	Address	Telephone Number
1. _____	_____	_____
	_____	
2. _____	_____	_____
	_____	
3. _____	_____	_____
	_____	

## APPLICANT STATEMENT

I certify the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation of fact, as stated or implied, given in my application, interviews, or other employment forms will be sufficient reason not to hire me and may result in my discharge if I am hired.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that I waive any rights I have to receive notice from any persons listed on this application regarding the release of information relating to this application for employment with the City of Galesburg.

I understand the City is in no way obligated to provide employment and that I am in no way obligated to accept employment with the City. Nothing in this application is intended to create any contract of employment, expressed or implied, or to create any rights in the nature of a contract of employment. This application does not bind either party for any specific period of employment.

I understand that no representative of the City of Galesburg other than the City Manager has any authority to enter into any agreement contrary to the foregoing. If I am hired, nothing shall restrict my rights as an employee to terminate my employment at any time, nor shall anything restrict the right of the City to terminate my employment at any time at the option of the City, subject to the terms of any collective bargaining agreement that may apply to me.

I also understand that if hired, I am required to abide by all rules and regulations of the City. The City's policies and procedures relating to conditions of employment may be modified by the City without notice, subject to the terms of any collective bargaining agreement that may apply to me.

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Signature of Applicant

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Date

City of Galesburg • 55 West Tompkins Street • Galesburg, Illinois 61401

***City of Galesburg***  
***Board of Fire and Police Commissioners***

*Public Safety Building  
150 South Broad St.  
Galesburg, IL 61401  
Phone: 309-345-3756  
Fax: 309-343-1340*

**CERTIFICATION OF PHYSICAL FITNESS**

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***THIS MEDICAL EXAMINATION MUST BE CONDUCTED BY A  
STATE LICENSED MEDICAL DOCTOR***

*Candidates will NOT be allowed to participate in the  
required physical agility portion of the testing process  
unless this document is complete.*

The undersigned does hereby certify that he or she has examined

\_\_\_\_\_  
(Print Applicant Name)

and has found the above firefighter applicant physically capable of participating in  
the physical agility test consisting of various strenuous exercises.

SIGNED: \_\_\_\_\_, M.D.      DATE: \_\_\_\_\_

Printed Name of Physician:

\_\_\_\_\_

Physician's Office Address:

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

***City of Galesburg***  
***Board of Fire and Police Commissioners***

WAIVER/RELEASE OF LIABILITY  
APPLICANT FOR PUBLIC EMPLOYMENT

**AGREEMENT made between the undersigned, an applicant for employment as a firefighter with the Galesburg Fire Department of the City of Galesburg, Illinois, (the “Applicant”) and the City of Galesburg, Illinois; its Board of Fire and Police Commissioners; the City’s and the Board of Fire and Police Commissioners’ employees, agents, representatives and assigns (specifically any testing agency employed by the City or its Board of Fire and Police Commissioners) (hereinafter collectively referred to as the “City”), witness:**

Whereas, the Applicant has applied to the City for employment as a firefighter; and,

Whereas, the City is required to subject the Applicant to competitive testing process; and,

Whereas, the Applicant has agreed to submit to a variety of examinations including a written examination, physical ability/agility, oral interviews, medical examinations and such other examinations, and to undergo a thorough background investigation, as deemed appropriate by the City; and,

Whereas, the City has agreed to administer said exams, on an as needed basis and as provided by the rules and regulations of the City’s Board of Fire and Police Commissioners, without expense to the Applicant; and,

Whereas, both parties hereto, agree that the examination process is conducted for the purpose of obtaining well-qualified individuals to fill the position sought by the Applicant, the parties hereto agree as follows:

Applicant, in consideration of the payment, by the City, of the fees associated with the conduct of examinations to be taken by the Applicant, hereby agrees to waive any claims the applicant may now have or may have in the future (specifically including any claim as to personal injury and/or damages) arising from Applicant’s participation in any examination (specifically including a physical ability/agility examination) or background investigation conducted by or for the City as part of its pre-employment screening process for the position of firefighter. The Applicant further states that this waiver is given voluntarily and with the knowledge that the Applicant is waiving any and all liability the City may incur as to the Applicant resulting from the Applicant’s participation in the pre-employment screening process. The Applicant specifically waives the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS, 40/7(1). The Applicant also acknowledges that the Applicant had the opportunity to discuss the import of this Waiver with legal counsel of Applicant’s own choosing.

Witness our hands and seals on \_\_\_\_\_.  
(date)

CITY OF GALESBURG, ILLINOIS  
BOARD OF FIRE AND POLICE COMMISSIONERS

\_\_\_\_\_  
*APPLICANT SIGNATURE*

By: \_\_\_\_\_  
*COMMISSIONER*